



WMIP | April 2006 Monitoring Report

Washington Medicaid Integration Partnership

Context

The Washington Medicaid Integration Partnership (WMIP) is a voluntary managed care pilot project in Snohomish County. WMIP is designed to improve care for aged, blind, or disabled clients by coordinating services that in the past have been provided through separate treatment systems: medical, mental health, substance abuse treatment, and long-term care. Molina Healthcare of Washington began providing care for clients in January 2005. The WMIP benefit package currently includes medical care, substance abuse treatment, and mental health treatment (fully phased-in in October 2005). Long-term care is scheduled to be added in 2006.

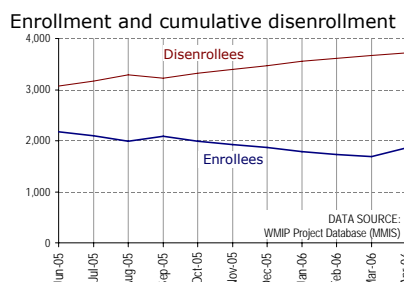
This report tracks baseline (pre-implementation) characteristics of current WMIP enrollees, compared to clients who have disenrolled from the project.

Enrollment Trends

WMIP Monthly Client Count

As of April 2006, 1,859 clients were enrolled in WMIP. Enrollment increased by 172 clients from the prior month as a result of enhanced efforts to identify clients who meet WMIP eligibility criteria.

Disenrollees include clients who opted out of the program, lost Medicaid eligibility, or left the pilot county. 1,555 clients opted out prior to start-up, and 2,161 have left the project since implementation.



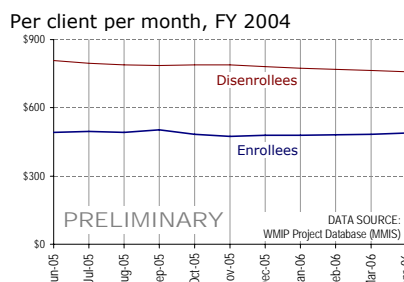
CURRENT
ENROLLMENT:
1,859

CUMULATIVE
DISENROLLMENT:
3,716

Baseline FFS Medical Assistance Expenditures, FY 2004

Current WMIP enrollees were less intensive users of medical services in the FY 2004 baseline (pre-implementation) period, compared to disenrollees. This pattern has been relatively stable through the first year of the project.

The WMIP risk-adjustment process will adjust WMIP capitation rates to reflect differences in expected medical costs between WMIP enrollees and disenrollees.



Baseline Average
Monthly FFS
Expenditures

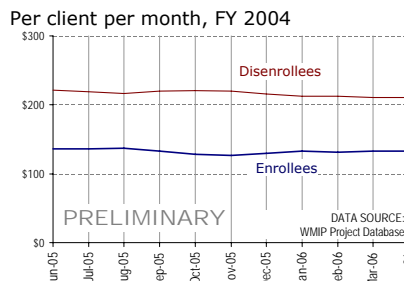
ENROLLEES:
\$490

DISENROLLEES:
\$760

Baseline FFS Aging and Adult Services Expenditures, FY 2004

WMIP enrollees were less intensive users of long-term care services in the FY 2004 baseline (pre-implementation) period, compared to disenrollees. This pattern has been stable through the first year of the project.

The WMIP capitation rate structure will account for differences in expected long-term care costs between WMIP enrollees and disenrollees.



Baseline Average
Monthly FFS
Expenditures

ENROLLEES:
\$133

DISENROLLEES:
\$211

Alcohol or Other Drug Treatment and Diagnoses, FY/CY 2004

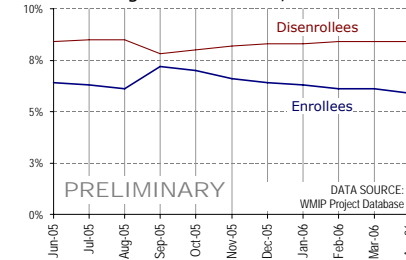
The first 8 months of the WMIP project saw the disproportionate disenrollment of clients with substance abuse problems, as indicated by Calendar Year 2004 medical claims diagnoses and use of DASA services in FY 2004.

With the addition in September 2005 of "reconnected" clients who had temporarily lost program eligibility in the previous 8 months, the proportion of WMIP enrollees with a substance abuse problem increased.

Since September 2005, the proportion of WMIP enrollees with a substance abuse problem returned to the prior declining trend. This shows the importance of continuing to reconnect clients to the WMIP project when they experience disruptions to their Medicaid eligibility.

Substance abuse diagnoses were identified from medical claims using the Chronic Illness and Disability Payment System (CDPS) diagnosis grouper.

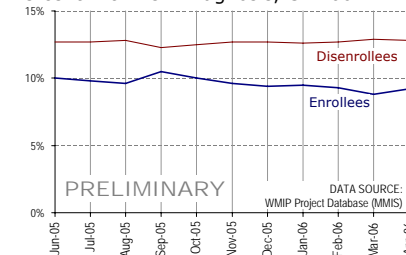
Percent using DASA services, FY 2004



PERCENT OF
CURRENT
ENROLLEES:
5.9%

PERCENT OF
CUMULATIVE
DISENROLLEES:
8.4%

Percent with AOD Diagnosis, CY 2004



PERCENT OF
CURRENT
ENROLLEES:
9.2%

PERCENT OF
CUMULATIVE
DISENROLLEES:
12.8%

Mental Health Treatment and Diagnoses, FY/CY 2004

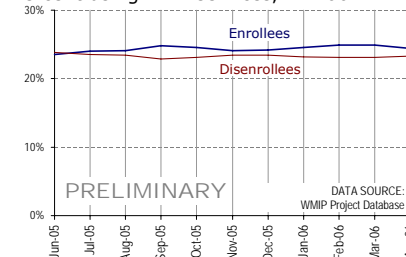
The proportion of WMIP enrollees with mental illness was stable in the first 8 months of implementation, as indicated by Calendar Year 2004 medical claims diagnoses and Fiscal Year 2004 use of Mental Health Division services.

With the addition in September 2005 of "reconnected" clients who had temporarily lost program eligibility in the previous 8 months, the proportion of WMIP enrollees with baseline indications of mental illness increased slightly.

As we saw with substance abusing clients, this shows the importance of reconnecting clients with mental illness because they may be more likely to have Medicaid coverage gaps that cause them to drop out of the program.

Mental illness diagnoses were identified from medical claims using the CDPS.

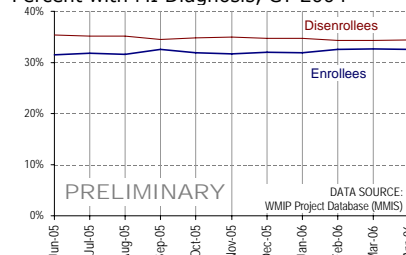
Percent using MHD services, FY 2004



PERCENT OF
CURRENT
ENROLLEES:
24.4%

PERCENT OF
CUMULATIVE
DISENROLLEES:
23.3%

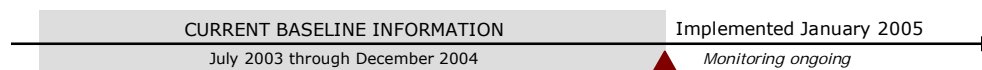
Percent with MI Diagnosis, CY 2004



PERCENT OF
CURRENT
ENROLLEES:
32.5%

PERCENT OF
CUMULATIVE
DISENROLLEES:
34.4%

DATA TIMELINE



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